ISSUE FEE TRANSMITTAL Box ISSUE FEE Complete and mail this form, together with app. Assistant Comp sioner for Patents Washington, D. d 20231 MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blo Note: The certificate of m he used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue ee mailings of the Issue Fee Trans fs certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the cu for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. correspondence address as indicated unless corrected below or directed otherwise in Block 1, b (a) specifying a new correspondence address; and/or (b) indicating a separate *FEE ADDRESS Certificate of Mailing maintenance fee notifications. I hereby certify that this Issue Fee Transmittat is being deposited with CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) the United States Postal Service with sufficient postage for first class 022204 · QM02/0621 mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. NIXON PEABODY, LLP 8180 GREENSBORO DRIVE SUITE 800 (Depositor's name) MCLEAN VA 22102 (Signature) (Date) TOTAL CLAIMS **EXAMINER AND GROUP ART UNIT DATE MAILED** FILING DATE APPLICATION NO. 09/516,706 03/01/00 016 YCE, H 3749 06/21/01 First Named MCEWAN, 35 USC 154(b) term ext. = 0 Days. Applicant TITLE OF LOW PROFILE COMPUTER CASE AND COMPUTER INVENTION SMALL ENTITY **FEE DUE** DATE DUE ATTY'S DOCKET NO. BATCH NO. APPLN. T PΕ CL'ASS-SUBCLASS 3 6801-0016 454-184.000 **I11** UTILITY YES \$620.00 09/21/01 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For pretting on the patent front page, list Nixon Peabody LLP (1) the n mes of up to 3 registered patent Use of PTO form(s) and Customer Number are recommended, but not required. or agents OR, atternatively, (2) attorney the nam of a single firm (having as a Change of correspondence address (or Change of Correspondence Address form: 2 Marc S. Kaufman registered attorney or agent) PTO/SB/122) attached. and the d rnes of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorney: or agents. If no name is listed, no 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pate of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted 🗋 Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue Advance Order - # of Copies. (A) NAME OF ASSIGNEE Technology Advancement Group, Inc. 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) DEPOSIT ACCOUNT NUMBER 19-2380 Dulles, Virginia, USA (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent 🖺 Issue Fee ☐ individual Advance Order - # of Copies

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to th

y the Issue Fee to the application Identified above.

(Date)

(Authorized Signature)
Marc S. Kaufman

9-21-0

NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorne or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will var depending on the needs of the individual case. Any comments on the amount of time require to complete this form should be sent to the Chief Information Officer, Patent and Trademat Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THI ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner to Patents. Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collectio of information unless it displays a valid OMB control number.

09/24/2001 SKINNES 00000013 09516706

01 FC:242

620.00 DP

TRANSMIT THIS FORM WITH FEE